

**Archer Lodge Road Race
Registration Form**

1 MILE WALK

Registration Fee: \$15
\$10 (12 and under)

Name: _____

Address: _____

Phone: _____ Age: _____ Shirt Size: _____ Sex: _____

Are you presently taking any medications? Yes _____ No _____

If so, please list: _____

I understand that the Archer Lodge Community Center is not liable for any injury or health problems related to my participation in this road race. I hereby take full responsibility for any accidents or injuries that may occur.

Signature (Guardian must sign if under 18)	Date
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In case of emergency contact: Name: _____
Phone: _____

Paid _____

* Make checks to the **“Archer Lodge Community”**